

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013362

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2814

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURILength of stay in 1b  
39 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VAH, ST. LOUIS, MISSOURIInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

St. Louis

c. CITY  
OR  
TOWN JENNINGSInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2040 WEDGEWOODReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARRY

M.

ZATTARELLA

4. DATE  
OF  
DEATH

Month

Day

Year

MARCH

10

1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4/23/9819. AGE (last birthday)  
63 70IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
TAILOR10b. KIND OF BUSINESS OR INDUSTRY  
-----11. BIRTHPLACE (City and state or country)  
ST. LOUIS, MO.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

JOHN ZATTARELLA

13b. MOTHER'S MAIDEN NAME

BEATRICE MARRINA

14. NAME OF HUSBAND OR WIFE

MINNIE ZATTARELLA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WWI16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Zattarella  
MINNIE ZATTARELLA SEE 2D18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

LUNG SUSPECTED  
CARCINOMA WITH METASTASIS

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/31/62 to 3/10/62 and last saw him alive on 3/10/62

Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

OLGA LEATON M/D

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

3/10/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

March 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

MAR 13 1962

Road Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

3/28/62

4/23/1898 &amp; 63

4/23/1891 &amp; 70

3/28/62

Minnie Zattarella

Minnie Zattarella

DOCUMENT Own birth record

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Funeral Director

MAR 27 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Edmund B. Bush*

Licensed Embalmer No. 455K

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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